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28 March 2020

To:

Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services

Copy to:

Royal College Presidents
BMA
RCN
NHS Providers
NHS Confederation
Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums
Chairs of ICSs and STPs
NHS Regional Directors
NHS 111 providers

Dear colleagues

We are extremely grateful for the huge effort from all NHS colleagues and the work that is underway to change the way that hospitals and GP practices deliver services to free up tens of thousands of beds and bring in more staff. To support this, it is vital there are systems and equipment in place to ensure staff and patients are safe.

The supply and safety of NHS personal protective equipment (PPE) is obviously a priority and we must ensure that colleagues working in any setting in the NHS have full confidence in the PPE they are expected to use. PPE is only one element of safe and effective infection control, and appropriate environmental controls, hand and respiratory hygiene, the management of patients and the information and training for staff are just as important. We hope this letter clarifies the current approach and explains our next steps.

Supply

In the past two weeks the NHS Supply Chain have delivered 170 million FFP3 masks, surgical masks and other PPE equipment to NHS trusts and 58,000 healthcare settings including GPs, pharmacies and community providers. This does not include all the deliveries being made with the support of the armed forces. In fact today and the previous two days deliveries have included 42.8 million gloves, 23

million surgical face masks and 1 million FFP3 masks, 13.7 million aprons and 182,000 gowns, 9.9 million cleaning equipment, and 2.3 million eye protectors.

Every single GP practice, dental practice and community pharmacy has had a PPE delivery. All care homes, hospices and home care providers are also receiving a PPE delivery.

We acknowledge there have been some issues related to the supply of equipment and we are working hard and at pace to resolve these. We are now confident that all logistical issues are being solved and that every part of the NHS that needs PPE will be supplied in good time with adequate stock. However, it is important to acknowledge the huge global demand for PPE across the world. The 24/7 NHS Supply Disruption Line number is 0800 915 9964 or email supplydisruptionservice@nhsbsa.nhs.uk. Trusts should raise non-PPE orders with NHS Supply Chain in the usual way.

Further details for organisations can be found in [guidance](#) issued on 20 March.

Changes to the guidance

Ensuring that frontline colleagues have the highest level of protection possible is our top priority. In January, following COVID-19 classification as a high consequence infectious disease, infection control guidance to protect staff from this new threat was agreed across all four UK nations. It draws on World Health Organization (WHO) guidance, consistent with the latest evidence from systematic reviews.

However, in March, when it was clear that COVID-19 was more prevalent, and more was understood about the behaviour of the virus and its clinical outcomes, the four nations agreed that COVID-19 should no longer be classified as a high consequence infectious disease. As a result, the guidance was updated.

Current guidance

PPE for high-risk procedures

Recommended PPE to be used by healthcare workers delivering or assisting with an aerosol generating procedure including in Intensive Care Units or the hot zone of an Emergency Department:

- FFP3 respirator
- long sleeved disposable gown
- gloves
- eye protection (disposable goggles or full-face visor).

PPE for other settings

Recommended PPE to be used by healthcare workers within one metre of a patient with possible or confirmed COVID-19 including staff working in hospitals, primary care, ambulance trusts, community care settings, care homes:

- fluid repellent facemask
- apron
- gloves

- eye protection if there is a risk of splashing or exposure to respiratory droplets.

Comparison with WHO guidelines

The UK recommends FFP3 respirators when caring for patients in areas where high risk aerosol generating procedures (AGPs) are being performed. These should be fit tested for all staff and not just fit-checked. The WHO recommends FFP2 respirators for AGPs. If for any reason FFP3 masks are not available, we recommend using the FFP2 masks as a safe alternative but please note these should also be fit-tested.

Consistent with the WHO guidelines, full sleeve gowns are recommended for high risk procedures (e.g. during AGPs) or where there is a risk of extensive splashing of blood and/or other body fluids. In all other settings, the UK has a longstanding bare below the elbow policy as part of our long-term strategy to manage healthcare associated infections. COVID-19 is not airborne, it is droplet carried. We know the cross contamination from gowns for infection can be carried by the gown sleeves and the advice therefore is bare below the elbows and you scrub your hands, your wrists and your forearms.

In addition to wearing PPE, clinicians should practice usual infection prevention and control measures, including environmental cleaning and hand hygiene to reduce the risk of onward transmission.

The guidance going forward

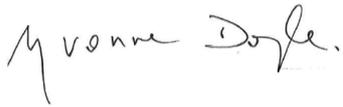
We are keeping the guidance under constant review. Over the next few days Public Health England, NHS England and NHS Improvement and the Department of Health and Social Care in conjunction with the Devolved Administrations will work with the Academy of Medical Royal Colleges to ensure the guidance is clearer for clinical colleagues working in a variety of NHS settings performing a range of different clinical procedures. We aim to organise the recommendations using a 'place-based' approach so it is easy to understand the appropriate PPE needed for the potential risk. We will publish an update to the guidance within days.

We are grateful for all the feedback about PPE supply and delivery. Please rest assured that all issues are being urgently dealt with.

Yours sincerely



Professor Stephen Powis
National Medical Director
NHS England and NHS Improvement



Yvonne Doyle CB MD

Medical Director and Director of Health Protection, Public Health England



Carrie MacEwen

Chair, Academy of Medical Royal College

Appendix 1 - Resources for PPE use

- [Coronavirus guidance for clinicians](#)
- [Guidance for infection prevention & control and resources](#)

Appendix 2 - Systematic reviews

Transmission Based Precautions Literature Review: Respiratory Protective Equipment

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/1722/documents/1_tbp-lr-rpe-v3.1.pdf

Aerosol Generating Procedures (AGPs) Literature review

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2893/documents/1_tbp-lr-agp-v1.1.pdf

Transmission Based Precautions Literature Review: Definitions of Transmission Based Precautions

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/1719/documents/1_tbp-lr-definitions-v2.0.pdf

Standard Infection Control Precautions Literature Review: Personal Protective Equipment (PPE): Aprons/Gowns

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2604/documents/1_sicp-lr-gowns-v2.0.pdf

Standard Infection Control Precautions Literature Review: Personal Protective Equipment (PPE): Surgical Face Masks

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2609/documents/1_sicp-lr-surgical-masks-v3.1.pdf

Standard Infection Control Precautions Literature Review: Occupational exposure management (including sharps)

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/1822/documents/1_sicp-lr-sharps-v3.0.pdf